

*Alvin
Ruiner*

REVERE

COPPER AND BRASS INCORPORATED

February 15, 1984

EPA Region 5 Records Ctr.



315342

P.O. Box 250
CLINTON, ILL. 61727
217-955-5111
TWX: 510-527-7750



Mr. Karl J. Klepitsch, Jr., Chief
Waste Management Branch
USEPA, Region V
230 South Dearborn
Chicago, IL 60604

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MAR 02 1984

E.P.A. - D.L.P.C.
STATE OF ILLINOIS

REFERENCE: Revere Copper and Brass Incorporated
Clinton, IL
USEPA ID# ILD 005078274

Dear Mr. Klepitsch:

This is in regard to the above referenced Interim Status Grant dated March 8, 1982, and the subsequent revision to that Grant dated July 6, 1982.

We are attaching herewith a revised EPA Form 8700-12, listing the hazardous waste and hazardous waste activity generated at this facility. Please note that we no longer come within the definition of a "Treat/Store/Dispose" facility for the following reasons:

1. The hazardous waste identified as F001 on our revised Grant is no longer generated at this facility.

2. The hazardous waste identified as D007 on our original Form 3510-3 submission, dated November 19, 1980, is exempted from regulation by 40CFR 265.1(c)(10).

3. The hazardous waste identified as D002 on our original Form 3510-3 submission, dated November 19, 1980, is exempted from regulation by 40CFR 261.6(a)(1), 40CFR 261.6(a)(2), 40CFR 261.6(a)(3), and 40CFR 265.1(c)(10).

4. The hazardous waste identified as F006 on our original Form 3510-3 submission, dated November 19, 1980, is exempted from regulation by 40CFR 262.34(a) and 40CFR 261.6(a)(2).

5. The hazardous waste identified as F007 on our original Form 3510-3 submission, dated November 19, 1980, is not generated at this facility. At the time of our original filing, the designation F007 identified "Spent plating bath solutions from electroplating operations." Subsequent to our filing, the designation F007 was changed to identify "Spent cyanide plating solution from electroplating operations (exceptions listed.)" This facility has never used cyanide-based electroplating solutions.

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Clinton, IL
USEPA ID# ILD 005078274

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6. The hazardous waste identified as D009 on our original Form 3510-3 submission, dated November 19, 1980, is exempted from regulation by 40CFR 261.6(a)(2).

7. The hazardous waste identified as F008 on our original Form 8700-12 submission, dated August 18, 1980, is not generated at this facility. At the time of our original filing, the designation F008 identified "Plating bath sludges from the bottom of plating baths from electroplating operations." Subsequent to our filing, the designation F008 was changed to identify "Plating bath sludges from the bottom of plating baths from electroplating operations where cyanides are used in the process (exceptions listed)." This facility has never used cyanide-based electroplating solutions.

8. The hazardous waste identified as F009 on our original Form 8700-12 submission, dated August 18, 1980, is not generated at this facility. (Identity change - see paragraphs 5 and 7).

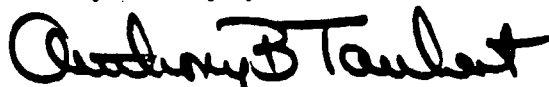
9. The hazardous waste identified as F011 on our original Form 8700-12 submission, dated August 18, 1980, is not generated at this facility. At the time of our original filing, the designation F011 identified "Spent solutions from salt bath pot cleaning from metal heat treating operations." Subsequent to our filing, the designation F011 was changed to identify "Spent cyanide solutions from salt bath pot cleaning from metal heat treating operations (exceptions listed)." This facility has not used cyanide-based heat treating salts in more than twenty years.

10. The hazardous waste identified as F012 on our original Form 8700-12 submission, dated August 18, 1980, is not generated at this facility. (Identity change - see paragraph 9.)

The hazardous wastes generated at this facility are listed in part IX of the attached EPA Form 8700-12.

Since we no longer come within the definition of a "Treat/Store/Dispose" facility, we hereby request the withdrawal of our Interim Status Grant.

Very truly yours,



Anthony F. Faubert
Chief Chemist

cc: S. H. Kaprelian
M. A. Bingaman
E. T. Cunningham

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STATE OF ILLINOIS

Please print or type with ELITE type (12 characters/inch) in the unshaded areas only.

Form Approved OMB No. 158-S79016
GSA No. 0246-EPA-OT

EPA U.S. ENVIRONMENTAL PROTECTION AGENCY NOTIFICATION OF HAZARDOUS WASTE ACTIVITY		INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).
INSTALLATION'S EPA I.D. NO.	PLEASE PLACE LABEL IN THIS SPACE	
I. NAME OF INSTALLATION		
II. INSTALLATION MAILING ADDRESS		
III. LOCATION OF INSTALLATION		

FOR OFFICIAL USE ONLY

COMMENTS	

INSTALLATION'S EPA I.D. NUMBER	APPROVED	DATE RECEIVED (yr., mo., & day)

I. NAME OF INSTALLATION

REVERE COPPER AND BRASS INCORPORATED

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX	
3 P O BOX 250	
CITY OR TOWN	
CLINTON	
ST.	ZIP CODE
IL	61727

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER	
5 SOUTH SHERMAN STREET	
CITY OR TOWN	
CLINTON	
ST.	ZIP CODE
IL	61727

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)	PHONE NO. (area code & no.)
2 TAUBERT ANTHONY CHIEF CHEMIST	217-935-3111

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER	
8 REVERE COPPER AND BRASS INCORPORATED	

B. TYPE OF OWNERSHIP (enter the appropriate letter into box)	VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))	
F = FEDERAL M = NON-FEDERAL	N	<input checked="" type="checkbox"/> A. GENERATION <input type="checkbox"/> B. TRANSPORTATION (complete item VII) <input type="checkbox"/> C. TREAT/STORE/DISPOSE <input type="checkbox"/> D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

<input type="checkbox"/> A. AIR	<input type="checkbox"/> B. RAIL	<input type="checkbox"/> C. HIGHWAY	<input type="checkbox"/> D. WATER	<input type="checkbox"/> E. OTHER (specify):
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VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

<input type="checkbox"/> A. FIRST NOTIFICATION	<input checked="" type="checkbox"/> B. SUBSEQUENT NOTIFICATION (complete item C)	C. INSTALLATION'S EPA I.D. NO.
		ILD005078274

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

I.D. - FOR OFFICIAL USE ONLY													
8												T/A	C
W												1	
1	2	3	4	5	6	7	8	9	10	11	12	13	14

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
F 0 0 6					
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE
(D001)

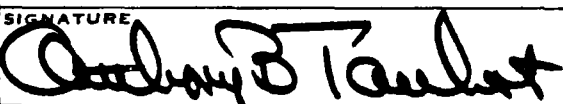
☒ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☒ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE 	NAME & OFFICIAL TITLE (type or print) Anthony B. Taubert Chief Chemist	DATE SIGNED 2/15/84
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EPA Form 8700-12 (6-80) REVERSE

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